

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender:

Stubbbs

Last Name

Kent

First Name

MI

MS1378

ID#

Facility:

Lawrence

☒ Grievance; Facility Grievance # (if applicable)Dated: 5/7, 5/8, 5/8, 5/8 or ☐ Correspondence: Dated:

Received:

4/1/17

Date

Regarding:

medical - injury 4/10/17

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date
- ☐ No justification provided for additional consideration.

Other (specify):

Completed by: Sarah Johnson

Print Name



Signature

7/6/17

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 5-7-17	Offender: (Please Print) Kent Stubbs	ID#: M51378
Present Facility: Lawrence C.C.	Facility where grievance issue occurred: Lawrence C.C.	
NATURE OF GRIEVANCE: E396 RCVD 5-17-17		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): Health/Safety (Injury)
<input type="checkbox"/> Disciplinary Report: 1/1	Date of Report: 08-17-60	Facility where issued: LAWRENCE C.C.
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): On Monday, April 10, 2017, I was wakened by the unit-officer for med-line around 5 AM, and was attempting to climb down off the top bunk when I missed the railing with my foot and lost my balance. I fell down backwards several feet, hitting my head and back on the concrete floor, severely injuring myself. The unit officer ran over to check on me, then called for help. The Lieutenant on Duty responded, along with the nurse who was passing out meds. - The nurse asked me if I was okay, I tried to get up but I couldn't. I told the nurse I felt something in my back (pop), and it felt like my head was bleeding. The nurse Relief Requested: All inmates be removed from the top of the bunk beds until they are equipped with a safety ladder and/or other features that allow inmates to climb in and out of bed safely (Currently a Fire, Health Safety Hazard) <input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Offender's Signature: <u>Kent Stubbs</u>		ID#: M51378 Date: 5/7/17

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: 8/7/17	<input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: Due to not following proper grievance procedure as outlined in Offender Orientation Manual, this grievance is out of time frame.	
Print Counselor's Name: <u>Blake</u>	Counselor's Signature: <u>Blake</u> Date of Response: 8/7/17

EMERGENCY REVIEW	
Date Received: 5/8/17	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance. <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: <u>[Signature]</u>	Date: 5/8/17

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

examined my head as I layed there in pain and couldn't Breathe. There was a knot on the back of my head, and my wrist and pinky finger was swollen. She asked me how did I fall, and I told her I couldn't find the railing and I lost my balance and fell. To which the nurse commented to the Lietenant that, "They really should have ladders, I've seen more and more inmates fall and hurt themselves." - To which the Lietenant responded. "There is a ladder, well, sort of. There's a rail for them to climb up on." And the Nurse replied, "That's not a ladder." And the Lietenant agreed, stating. "I guess not." - A few months ago I nearly fell but I caught myself. (This time I wasn't so lucky), and now I'm sitting in a wheel chair with a Bad back injury, constantly in pain. - While over in Healthcare, one of the porters stated that he had fallen just a few days earlier when he used the ~~Stool~~ stool to sit on as a step ladder and it tipped over on him, causing him to loose his balance and fall. - It is clear that these bunk beds, without ladders or any 'Safe' way to climb in and out, create a real serious fire, Health, and Safety hazard. They should have ladders so that inmates can climb up and down out the bunk safely, and until such a safety measure is put in place (or) implemented, All inmates in the prison should be removed from the top bunk for their safety, and to avoid any further accidents or injuries to inmates.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 5-8-17 Offender: Kent Stubbs ID#: m51378

Present Facility: Lawrence C.C. Facility where grievance issue occurred: Lawrence C.C.

NATURE OF GRIEVANCE: E398 RCVD 5-17-17

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): _____

☐ Disciplinary Report: 1 Date of Report: 08-17-60 Facility where issued: Lawrence C.C.

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): wednesday, April 12, 2017, I was stuck in bed, unable to get up or move for 14-hours, after seriously injuring my back in a fall from the top bunk. I was placed by 'Dr. Shah' in a 'handy-cap' cell by myself, with no assistant to help me, even though I was physically injured and unable to help myself. In which case I further irritated my injuries becoming incompassitated, and (unable to move or get up), I ended up urinating on myself (3) times as I layed there waiting for someone to help. After seriously injuring my back in a fall on Monday, April 10, 2017, I was wheeled to the infirmary and X-Rayed. Later that day,

Relief Requested: officer 'Bowker' be reprimended for ignoring my request for Emergency medical Attention, and I be provided an (ADA) Attendent to Assist me until my physical Health has greatly Improved.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kent Stubbs ID# m51378 Date 5/8/17

(Continue on reverse side if necessary)

Date Received: 8/7/17 ☒ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: Due to not following proper grievance procedure as outlined in the Offender Orientation Manual, this grievance is out of time frame.

Blake Print Counselor's Name Blake CC1 Counselor's Signature 8/7/17 Date of Response

EMERGENCY REVIEW

Date Received: 5/18/17 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

[Signature] Chief Administrative Officer's Signature 5/18/17 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

I was Seen by Dr. Shah, who Said I had no broken bones or major damage, So I would be kept over night and released the next day. I told Dr. Shah, I was in a lot of pain and couldn't get up by myself or walk, I could barely move. Dr. Shah Said he would give me a wheel chair and a bottom bunk permit for a few days, and some medication to help with the pain. - The next day, Tuesday, April 11, 2017, I was lifted out of bed by an inmate 'orderly', placed into a wheel chair, given a urine cup to "pee" in, and was wheeled by The 'orderly' over to '8-House, Unit-C' where I was placed in an 'ADA-handicap-cell' (Lower-1), by myself, with no helper or assistant. - In the middle of the night, early morning Wednesday, April 12, 2017, I tried to get up by myself to get some water, and I ended up injuring my back even worse than it was. I was in a lot of pain and couldn't get up or move. I could only lay there and try not to move too much to avoid even more pain. I layed there for a couple hours waiting for the officer to come by during his rounds, but he didn't come, and after a while I eventually fell back to sleep. - Several hours past, and it was day light. I tried to move again, but ~~the~~ ^{the} pain was even worse. I heard an officer yell 'chow' and the cell doors popped, and I heard loud voices and saw inmates walking by. I yelled, but it was too loud, so I waited for the crowd to pass and yelled for the officer. Usually the officer walks by to check the cell doors to make sure they're locked, but I didn't see anyone walk pass. - I was tired, in pain, and dehydrated. I fell back to sleep, trying to sleep the pain away, hoping I'd wake up feeling better. - Sometime later, around noon. It got loud again, and I woke up, and the officer came and opened my door. (I do believe it was for day-room). The officer on duty "officer" - "C-Bowker" stepped into the door way of my cell, and asked if I was coming out. "THIS WAS THE FIRST TIME I SAW THE OFFICER". I immediately told him, "I NEED HELP." "I NEED TO go to medical." His response to me was, "Put in a sick call." I told him it was an emergency, I can't get up. I told him I had messed up my back, I told him I couldn't even get up for breakfast or even get up to go to lunch. The officer then stated, "I'm gonna tell you the same thing their gonna tell me, 'put in a sick call slip.'" and he left the cell and closed the door, and he "DID-NOT" come back none during the rest of his shift. He 'did not' bother to check on me to see if I was doing better, or see if I was getting worse. I had a wheel chair sitting in the cell right next to me on the side of the bed, He clearly saw it. And, ~~He~~ I told him it was an "Emergency", and he did nothing! - I layed there until The

(Continue on Attached Sheet)

offender Grievance
(continued)

EX: 2

the officer from the next shift arrived. I was weak, feeling sick, and nauseated. I laid there close to 16-hours. I had no water, nothing to eat. I also couldn't get up to use the bathroom. I had filled the urine cup using it through the night and early in the day. I held my urine for as long as I could, and then I had no choice but to lay there and "pee" on myself. During the time I layed there waiting, I peed on myself (3) times.

When the next shift officer came I layed there yelling, trying to get his attention, but the inmates outside in the day room was too loud. I had to wait until everybody locked up. I yelled and the guys next door heard me and they got the officer's attention. The officer called over to medical, and they came over with a stretcher and took me out the cell, and to an outside hospital, where I was given a cat scan. - I was told they didn't find anything wrong, but my back is still in a lot of pain, and I still need to use a wheel chair to get around. As a result of my fall, on April 30, I re-injured my back trying to get out of bed, and on several occasions I've been unable to sleep because of back pain.

NAME: Jant Stubb Date: 5-8-17

RECEIVED
OCT 01 2017
ADMINISTRATIVE
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 8-14-17	Date of Review: 9-11-17	Grievance # (optional): ⁰⁸⁻¹⁷⁻⁶⁰ -05-17-17
Offender: Stubbs, Kent		ID#: M51378
Nature of Grievance: Ladders on beds		
<p>Facts Reviewed:</p> <p>Inmate Stubbs M51378 claims he sustained injury when he attempted to climb down from the top bunk.</p> <p>Relief requested, "All inmates be removed from the top of the bunk beds until they are equipped with a safety ladder and/or other features that allow inmates to climb in and out of bed safely (currently a fire, health, safety hazard)."</p> <p>Grievance was written about an incident that happened 4-10-17, written 5-7-17 and turned in to counselor on or about 8-7-17. This particular incident is out of time frame and will not be addressed any further. Grievance procedure is outlined in the offender orientation manual.</p>		
<p>Recommendation:</p> <p>Based upon a total review of all available information, this Grievance Officer recommends that the grievance be denied.</p>		
<p><u>E. Bare</u></p> <p>Print Grievance Officer's Name</p>		<p><u>[Signature]</u></p> <p>Grievance Officer's Signature</p>
(Attach a copy of Offender's Grievance, including counselor's response if applicable)		

Chief Administrative Officer's Response

Date Received: 9/13/17 ☒ I concur ☐ I do not concur ☐ Remand

Comments:

[Signature]

Chief Administrative Officer's Signature

9, 13, 17

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

[Signature]

Offender's Signature

M51378

ID#

9, 15, 17

Date

1 of 3

From: Kent Stubbs
 I/m no: MS1378
 Lawrence C.C.
 10930 Lawrence Rd
 Sumner, IL 62466

EX: 1 & 2

To: Director

Argument for Appeal

RECEIVED

OCT 06 2017

ADMINISTRATIVE
REVIEW BOARD

Counselor and Grievance officer indicated that I did not follow the proper grievance process, and my grievance is ~~not~~ out of frame.

I would like to state that my Grievance was filed as an Emergency Grievance and sent directly to the warden on 5/7/17. The warden deemed both grievances to be "non-emergency", despite the fact that the events outlined in both grievances, addressed issues that were of an Emergency nature, and posed substantial risk of further personal injury, and possibly irreparable harm. Therefore, I forwarded my grievance to Springfield, being that it was in fact of an Emergency nature. Springfield received the grievances on or about 6/1/17, and reviewed the grievance on 7/6/17, asking that I provide the original grievance with Counselor response, and response from grievance officer. I received the grievance back from Springfield on or about 7/12/17. I then submitted the grievance to the Counselor on 8/3/17 (22 days after I got it back). I held the grievance (22 days) because I wanted to make a copy before sending it to the Counselor. I was called to the Law Library to make copies on August 3, 2017, (See Document #1). That same day, I sent it to the —

RECEIVED
OCT 06 2017
ADMINISTRATIVE
REVIEW BOARD

Counselor on 8/3/17, (See Document #2). I got it back on 8/8/17, Signed it the same day, and sent it to the grievance officer, (See Document #3). The grievance officer received the grievance on 8/14/17, and reviewed the grievance on 9/13/17, before sending it to me on 9/14/17. Because of the serious nature of the events and the risk I faced and felt to my health and safety (as clearly indicated in my grievance) I had every right to forward my grievance directly to Springfield after it was reviewed by the warden. And once Springfield instructed me to provide responses from the counselor and grievance officer. I followed the instructions as ordered. At no time did I ever hold the grievance at any stage of the process for a period exceeding 30 days. At the longest period, I had the grievance for three weeks before resubmitted it for further review. Any extended delays were caused by the Administration. But what I have found with this grievance, as with every other grievance that I have submitted, is that the Administration, and its representative staff, look to find any possible reason or 'loop-hole' to try and avoid addressing the real issues of concern being raised by me in the inmate grievance process. Instead of trying to find a solution or fix to the problems, they look to deem the grievances I've filed as "untimely filed" or "out of time frame", when in fact, the objective should be to address the issues at hand.

3 of 3

I am asking that based on the information provided in my grievances, and the timeline provided, showing no undue delay on my part, that the director in fact, deem these grievances to be timely filed, and address the real issues raised in my grievances, Thank you!

Signed: Hart Stelly

Dated: 9/16/17

RECEIVED
OCT 06 2017
ADMINISTRATIVE
REVIEW BOARD

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Counselor (7-House)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) need Response
 for the purpose of (explain): Please Review (4) grievances and provide a
response accordingly. - (need counselor response first -
Before grievance officer) - THANK YOU!!

Kent Stubbs
 Offender's Signature

8/3/17
 Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary):

Remarks by supervisor (if necessary):

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

OCT 06 2017

ADMINISTRATIVE
 REVIEW BOARD

(Document #1)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 7C-L1
 Job Assignment: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: LAW LIBRARY (Mrs. Dantap)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Legal work

for the purpose of (explain): THIS IS my (4th) Request slip That I've sent
within The past month Requesting to be placed on the
LAW LIBRARY call list. - I had a court Deadline for July 31,

Kent Stubbs
 Offender's Signature

7/31/17
 Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary):

Remarks by supervisor (if necessary):

CALL DOWN You're
coming Thursday

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

2017, and needed to have Documents notarised & Copied before mailing them to the Court. I also have several other Legal Documents that I have not been able to send out because I still need to copy them first, before I can mail them. I am still in urgent need to be placed on Law Library call list, your Help would be greatly appreciated, Thank you!



ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: MS1378 Living Unit: 7C-L1
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Grievance officer (7-house)

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) need response
 for the purpose of (explain): Please Review (4) Attached grievances
and Respond Accordingly - Thank you.

Kent Stubbs
 Offender's Signature

8/8/17
 Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : _____ Remarks by supervisor (if necessary) : _____

RECEIVED
 OCT 06 2017
 ADMINISTRATIVE
 REVIEW BOARD

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

Administrative Review Board
Return of Grievance or Correspondence

R7 CL 01

MS1378

Offender: Stubbs Kent Lawrence
Last Name First Name MI ID#

Facility: _____

☒ Grievance: Facility Grievance # (if applicable) 08-17-60 Dated: 3/7/17 or ☐ Correspondence: Dated: _____
5/8/17Received: 10/6/17 Regarding: Injury 4/10/17, 4/12/17
Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date
- ☐ No justification provided for additional consideration.

Other (specify): Address current medical issues via
sick call.Completed by: Sarah Johnson St Johnson 10/30/17
Print Name Signature Date

my copy

EX. 3A

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 8C-L1
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: HCU Medical "Dr. Shah" "Sharp"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain

for the purpose of (explain): I just left the infirmary after falling from the top bunk in 3-House. my lower Back is in excruciating pain when I try to get up out the bed. And once I do finally get

Kent Stubbs 4-11-17 (See back)
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : _____ Remarks by supervisor (if necessary) : _____

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

up and sit in the wheel chair, It feels like ~~stabbing~~ ^{stabbing} is
stabbing me in the right side of my back ~~with a knife~~. Its
a severe sharp pain. I cant sit up for too long because
the pain is unbearable. (scale from 1 to 10, its a "20") —
I need something to help with the pain —

my copy

Ex 38

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: 151378 Living Unit: 8C-L1
Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Hcu Medical "Dr. Shah"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain

for the purpose of (explain): When I'm sitting up in my wheel chair There's a constant sharp pain in my back. And when I try to stand up my entire lower back starts throbbing

Kent Stubbs
Offender's Signature

~~4-17-17~~ (4-17-17) (see back)
Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : _____

Remarks by supervisor (if necessary) : _____

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

with pain. The medication that I'm taking is not helping. The pain in my back is constant. I need a much stronger medication. The pain is becoming un-bearable.

My copy

EX-30

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 8C-L1
Job Assignment: N/A Shift: NA

Please refer to the directory located in your orientation manual and address proper personnel.

To: HCU "Dr. Shah"

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Back Pain
for the purpose of (explain): On 4-19-17, I scooted around the day room in the wheel chair using my legs to try and exercise and I tried standing a couple times, but could only stand for — (see back)
Kent Stubbs 4-20-17
Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): _____

Remarks by supervisor (if necessary): _____

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

a few seconds. My Back Is Still In Aton 2 In Pain.

And if I try to walk its unbearable

I cant put a lot of weight or pressure on
my Right leg/ ~~unbearable~~

Side. When I Lay down To Sleep my
~~Left~~ Right Lower Back Is in pain. —

EX-3D

IS DEPARTMENT OF CORRECTIONS

Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: Hcy medical "Dr. Shah"

Offender's Signature

Date _____

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : _____ Remarks by supervisor (if necessary) : _____

Print Staff Name **Print Supervisor Name**

Staff Signature **Date** **Supervisor Signature** **Date**

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

A pinching stabbing feeling in my (Right) mid-lower back.
I can't put any pressure on my Right foot because
it causes the stabbing feeling in my Right side to
increase tremendously!!

Offender Request

Offender Name: Kent Strubbs ID #: 151373 Living Unit: 8C-L1Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: HCU MedicalI request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) injured Backfor the purpose of (explain): I Pulled my back and re-injured it on Sunday April 30, 2017, in the After noon & I was taken to medical. Since the incident my back has been ~~been~~ Throbbing.Kent Strubbs

Offender's Signature

5-3-17

Date

(See Back)

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): _____

Remarks by supervisor (if necessary): _____

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

I Am currently Recieving a narcotic medication Twice a day But its not helping. Last night ~~I couldnt sleep~~ because my back was hurting. It seem like I didnt even take any medication because my back was aching & I couldnt sleep.

EX-4B

My copy

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: M51378 Living Unit: 8C-41
 Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: (HCU) medical Supervisor "Cunningham"
 I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) Serious (Back Pain)

for the purpose of (explain): Last night I could barely sleep because my back was in a lot of pain. This morning when they came with meds I didn't wanna get up because I was hurting, so I did not get my medication.

[Signature] Kent Stubbs 5-6-17 (See Back)
 Offender's Signature Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary) : _____ Remarks by supervisor (if necessary) : _____

Print Staff Name

Print Supervisor Name

Staff Signature

Date

Supervisor Signature

Date

Around 9 AM, I ~~tried~~ couldn't take the pain anymore, so I got up and pushed the call button & told the responding officer I had an Emergency. I need to go to medical, and they instructed him to tell me to put in a Sick call.

THIS IS AN EMERGENCY!!

I'm IN SERIOUS Pain!!

I NEED MEDICAL HELP!!

I NEED TO SEE THE
Doctor!!

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board Return of Grievance or Correspondence

Offender: Stubbs Kent MS1378
Last Name First Name MI ID#

Facility: Lawrence

☒ Grievance; Facility Grievance # (if applicable) (4) Dated: 5/7, 5/8, 5/8, 5/8 or ☐ Correspondence: Dated: 4/10/17

Received: 6/1/17 Regarding: medical-injury
Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on Date
- ☐ No justification provided for additional consideration.

Other (specify): NOV 02 2017

Completed by: Sarah Johnson [Signature] 7/6/17
Print Name Signature Date

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.5/2017)

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>5-8-17</u>	Offender: <u>Kent Stubbs</u> (Please Print)	ID#: <u>M51378</u>
Present Facility: <u>Lawrence C.C.</u>	Facility where grievance issue occurred: <u>Lawrence C.C.</u>	

NATURE OF GRIEVANCE: E399 RCMD 5-17-17

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify):

☐ Disciplinary Report: / /
Date of Report 08-17-57 Facility where issued LAWRENCE CC

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): on April 10, 2017, I fell off the top Bunk and injured my back, and on April 30, 2017, I re-injured my back as I was getting up out of bed. - Last night, May 6, 2017, I could barely sleep because my back was in a lot of pain. In the morning the officer came to wake me for meds but I didn't get up because my back was hurting too much. So I (did not) get my medication for the pain. Around 8:30/9:00 AM, the pain seem to worsen, and I couldn't take it, so I got up and start pushing the call button in the cell. I push the Emergency Button 30 to 40 times within (30-minutes) and No officers responded at all. (This is the second time I had an Emergency

Relief Requested: I would like to receive the appropriate medical care when needed, or requested. - And be placed in another housing unit where the officers are responsive to the call button and know how to do their job when it's an emergency / inmate emergency.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Kent Stubbs M51378 5, 8, 17
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)	
Date Received: <u>8, 7, 17</u>	<input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Due to not following proper grievance procedure as outlined in the offender orientation manual, this grievance is out of time frame.</u>	
<p><u>Blake</u> <u>Blake CC</u> <u>8, 7, 17</u> Print Counselor's Name ADMINISTRATIVE REVIEW BOARD Counselor's Signature Date of Response</p>	

EMERGENCY REVIEW	
Date Received: <u>5/8/17</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<p><u>[Signature]</u> <u>5/8/17</u> Chief Administrative Officer's Signature Date</p>	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

and Sat pushing The Button and They did not respond.) I then had to get the Attention of an inmate in the day room and ask him to notify the officer on Duty, "Officer Johnson", that I had an Emergency. - when the officer came in I told him I had a medical Emergency and needed to go to healthcare. He asked me what was wrong? I told him my back was in a lot of pain, and it had kept me up most of the night, and I was hurting so bad that I didn't wanna get up to even take my medicine. He, "Officer Johnson" said, "That's not an Emergency, I just came by here a little while ago and you were laying there sleep." I told officer Johnson, "Just cause I was laying there don't mean I'm not in pain." He responded saying, "They're probably gonna tell you to put in a sick call slip", and he left, and came back five minutes later and said they told him to tell me to 'put in a sick call slip'.

- on April 30, 2017, I was taken to Healthcare after re-injuring my back, and I was told I would be put in to see the Doctor.

- on May 3, 2017, I wrote a request slip because my back was in pain and I couldn't sleep. I have told the Doctors and Nurses the medication I'm getting is NOT working. A Nurse came to see me and told me I was on the list to see the Doctor. (I do understand that it may take a while to see the Doctor, I'm okay with that!) - BUT - TODAY, on May 6, 2017, I woke up in "Severe" "Pain" and Requested 'Emergency Medical Attention'. And instead of receiving Emergency Medical Attention, I was medically Diagnosed By "Officer Johnson" who told me that I did not have an Emergency (By his opinion), and then told by medical to put in another sick call slip, which I've Already done Twice! - I have no idea if 'Officer Johnson' called medical and made my Situation sound or seem "Less Serious" than it was, but I do know that 'Officer Johnson' (IS NOT) A Nurse or a Doctor or a member of the medical staff, and should (NOT) be telling me what (is) or (is not) an Emergency. He has no way of knowing what I'm feeling, what kind of pain I'm in, or how severe the pain is. - Further more, Officer Johnson has shown himself to be very childish, short fused, intolerant, belligerent, very disrespectful to all the inmates, and creates disruption and conflict between himself and the inmates. When I stated to 'Officer Johnson', I had A medical Emergency, he was completely dismissive and seem to not show any care or concern. This has been his Attitude since I've been on this wing. He is very childish and too playful, and doesn't seem to know how or when to be - Serious !!

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender:

Stubbbs

Last Name

Kent

First Name

MI

ID#

Facility:

Lawrence

☒ Grievance: Facility Grievance # (if applicable)

Dated:

5/8/17

or ☐ Correspondence: Dated:

Received:

6/1/17

Regarding:

C/O Johnson

5/2/17

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☒ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incident occurred.
- ☐ Unable to determine nature of grievance or correspondence.

Specific information. Please return the attached
Administrative Review Board
of Inmate Issues
Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional officer.
- ☐ Request restoration of State offender grievance process.
- ☐ Contact the Record Office.
- ☐ Personal property and medical care.
- ☐ Address concerns in a letter.

Sent to ARB
First - out of
timeframe

If the request is denied by the facility, utilize the grievance process.

For review by the Administrative Review Board.

St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ Date _____
- ☐ No justification provided for additional consideration.

RECEIVED

NOV 02 2017

Other (specify):

Completed by: Sarah Johnson

Print Name

Signature

Signature

Date

7/6/17

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 5-8-17	Offender: (Please Print) Kent Stubbs	ID#: MS1378
Present Facility: Lawrence C.C.	Facility where grievance issue occurred: Lawrence C.C.	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input checked="" type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): <input type="checkbox"/> Disciplinary Report: _____ Date of Report: 08-17-58 Facility where issued: _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): Sunday, May 7, 2017, at the end of the Afternoon dayroom, 'officer Johnson' locked us in our cells, then went into the Bubble and yelled into the loud speaker, 'growling and whistling', causing the speaker to Ring and Screech painfully loud in our EARS, until I had to cover my EARS. He continued doing it until inmates got irritated and started cursing and yelling for him to stop, but he just continued, and the screeching piercing noise from the speaker was so loud I had to stick tissue in my ears. He continued this for about 10-minutes. I wrote a grievance.		
Relief Requested: officer Johnson Not Be Allowed to continue to Act unprofessionally, and conduct himself in a way that causes conflict. He is a security Risk and should be reprimanded for his behaviour.		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Offender's Signature: Kent Stubbs		ID#: MS1378 Date: 5, 8, 17
(Continue on reverse side if necessary)		

Counselor's Response (if applicable) Date Received: 8, 7, 17		<input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: Due to not following proper grievance procedure as outlined in the offender orientation Manual, this grievance is out of time frame.		
Print Counselor's Name: Blake	Counselor's Signature: Blake CCL	Date of Response: 8, 7, 17

EMERGENCY REVIEW Date Received: 5/8/17		Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance. <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature:		Date: 5/8/17

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

The day before concerning a medical issue, in which I complained about his childish and ignorant ways, and him not knowing when or how to take a situation serious. He walks around on the wing yelling in the inmates faces, causing (deliberate) conflict and confusion. One day I saw him push one of the inmates, and if you came on the Deck (8-C) and questioned any of these guys (inmates) you will find that everything I stated in this grievance can be confirmed. There are a lot of young guys on this deck, and Johnson likes to walk around like a bully being disrespectful to everyone. He is very unprofessional, and needs to grow up!! - All the time I've been locked up, I have (NEVER) written a grievance against any officer. That should tell you something.

- I would very much like to be moved off the Deck from around him and be put in a different housing unit, because he is creating a very hostile environment, and a security risk with the inmates.

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Request

Offender Name: Kent Stubbs ID #: ms1378 Living Unit: 7C-41

Job Assignment: N/A Shift: N/A

Please refer to the directory located in your orientation manual and address proper personnel.

To: To Grievance officer

I request ☐ interview ☐ cell assignment ☐ visit ☐ Trust Fund ☐ purchase ☐ other (specify) No written Response

for the purpose of (explain): on 10/19/17, I recieved your response to

my grievances (#E399 #E400) They were stamped recieved

on 8/14/17, but were returned to me 2-months later on

10/23/17 (See Back)

Kent Stubbs 10/23/17

Offender's Signature

Date

DO NOT WRITE BELOW THIS LINE

Remarks by staff (if necessary): _____ Remarks by supervisor (if necessary): _____

Print Staff Name _____ Print Supervisor Name _____

Staff Signature _____ Date _____ Supervisor Signature _____ Date _____

Distribution: Affected Unit

Printed on Recycled Paper

DOC 0286 (Rev. 4/2010)

10/19/17 with no written response from the grievance officer. (The grievance was only stamped received by the grievance officer) I would like to know why, in writing, the grievance officer neglected to provide a written response after a two-month delay in responding to the grievances?

Thank you —————

EXHIBITS: 5 & 6A

EX: 5 & 6A

RECEIVED
NOV 02 2017
ADMINISTRATIVE
REVIEW BOARD

Argument for Appeal to Approve grievance
(Attached grievances returned to me on 10/19/17)
The attached two grievances were returned to me from the counselor and grievance officer with responses that fail to address any of the issues raised:

The grievances were submitted to the grievance officer on 8/14/17, and returned to me two-months later with only a sticky note, stating - "Sent to ARB board - out of time frame." - I would like to state that these (2) grievances were submitted as an Emergency to the warden, and were of extreme serious nature. The warden however deemed both grievances to be non-emergency despite the fact that both grievances outlined issues that were of an extremely serious nature and posed substantial risk of harm and injury to myself. I therefore, had every right to forward my grievances to Springfield, because I was in fear for my health and safety and there was a substantial threat to my well being. Springfield received the grievances on 7/6/17, asking that I provide the original grievance with counselor response and response from grievance officer. I received the grievances back from Springfield on or about 7/12/17, and submitted them to both the counselor and grievance officer both of whom refuse to provide a response addressing any of the issues raised, and made no attempt to try and resolve these problems. Despite every chance they were given through my repeated attempts to address these issues.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or CorrespondenceOffender: Stubbs Kent M51378
Last Name First Name MI ID#Facility: Lawrence

☒ Grievance: Facility Grievance # (if applicable) (2) Dated: 5/8/17 or ☐ Correspondence: Dated: _____
 Received: 11/2/17 Date Regarding: Clo Johnson 5/2/17; medical injury 4/10/17

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
Office of Inmate Issues
1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☒ This office previously addressed this issue on 7/6/17 Date
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Sarah Johnson

Print Name

S Johnson

Signature

11/13/17

Date